V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	54
1. PLACE OF DEATH	942)	6
County Caroline	Registration Dist. No. 62	
Village or City Zear Decelous	NoSt.,St.,	Ward
	death occurred the hospital of intertaining give her very him had a district and	
2. FULL NAME William Curlis/10	Articopy eteran specify WAR	~~~
(a) Residence: No. Declar (Usual place of abode)	St, Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH 23	193 6
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Clip aboth (or) WIFE of	(Month) (Day) 22. HEREBY CERTIFY. That I attended to	(Yaar) dacaasad from
engavine weekens	7 ch 10 ,1836 , 19 7 st 23	19 36
6. DATE OF BIRTH (month, day, and year) Feb. 1870	I last saw h in aliva on FM 22 , 1936	; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at STEM.	
66 Z2 10ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	Coronary Mironbons	7.0121-193
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		
10. Date decaased last workad at this occupation (month and year)		
12. BIRTHPLACE (city or town) Zeeal Lewlow	Other Contributory Causes of Importance:	
(State or country) August Knewl	Coronary arting actions	1934
13. NAME Calibles Curdretos. 14. BIRTHPLACE (city or town).		
14. BIRTHPLACE (city or town)	Name of oparation Date of	
(State of Country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME WAY WILLIAMS 16. BIRTHPLACE (city or town) (State or equality)	23. If death was dua to axtarnal causas (VIOLENCE) fill in also the following	:====
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State	•)
17. INFORMANT Jolew Cleanthus (Address) Decelow East.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	iće.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Courses Elegate Tel 20, 19 3 G	Nature of injury	
19. UNDERTAKER J. Verzel tucore	24. Was disease or injury In any way related to occupation of dacaased?	
2 10/1	(Signad) and with	M. D.
20. FILED Z = 25 , 19 Ha fly All Just Registrar.	(Addrass) Dullon M	L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitia nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUMEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	ite	20	of	
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	MA	Y	13.5	
	ER	B	yc	te.
	AP	ed	perl	fica
	IS	stal	pro	erti
	SII	pe	pe	of c
	TF.	ld	ay	ck
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	K	E	at i	S OF
	NG	AG	th	ion
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	NF	plie	rms	nst
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	TH	lly	plai	50
	M	nja.	in	ant
	Z,	cal	TH	ort
	E	be	EA	imi
	PLA	plno	F D	ery
	-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	RIT	ion	USI	Z
	M-W	mat	CA)	TIO

C	ounty Car	oline				Registration Dist. No.	7
V	llage or City	Bethleh	nem		No.	St.,	Ward
Le	ngth of residence in	city or town where	death occurred	(I)	death occurred in a hospital o	or institution, give its NAME instead of street a U.S. if of foreign birth?yrs	and number)
					If U. S. Ve		
) Residence: No.	Da+1	hlehem,	14.7	St.,Ward.	terall, specify WAR	
(0	nesidence. No.	*****	(Usual place		waru.	If nonresident give city or town	and State
P	ERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICA	AL CERTIFICATE OF DEATH	1
s. sex Mal		or or race	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, ED (write the word) OWED.	21. DATE OF DEA	Feb. 5th. (Month) (Dey)	, ₁₉₃ 6
HUS	ried, widowed, or di BAND of WIFE of		ce Blad	es, dec'd	M2N, 2	EBY CERTIFY, That I atten	
	OF BIRTH (month,	dey, end yeer)	Sept. I	4th. 1860			; deeth is seld
7. AGE	Yeers 75	Months 4	Deys 2I	If LESS than 1 day,hrs. ormin.		te steted above, et. $\Omega = I \Omega = f h$. M . F DEATH end related causes of importence	Date of onset
N N	ndustry or business	s SILK MILL, (, etcvorked et nonth and	11. Totel	time (years) ent in this	nephritis	confishital	1930
	IPLACE (city or tow stete or country)	n) Caro	oline Co	Nd .	Other Contributory Causes	of importance:	~ Fe6.91
至 13. N	AME	William	Blades		Somte a	inadia	12/26
13. N	IRTHPLACE (city or (Stete or country)	town)	Caroline			Dete o	
15. N	AIDEN NAME		ret Fran			rnal causes (VIOLENCE) fill in elso the follo	
15. N	IRTHPLACE (city or (State or country	town)	Caroline	Co.		ide? Dete of injury	, 19
		8. Flore		an,	Specify whether Injury occ	(Specify city or town, county and urred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIA	L, CREMATION, OR		La Dete Fet	2.8th., 1936	Menner of injury		
PI							

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Example I			Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	NAR 5 1930	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1200	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RUREAU V. S	July 5,1927	Peritonitis	3 days ago		
	<u> </u>		7			
Other contributory cause	s of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

of OCCUPA-

PHYSICIANS should state Exact statement stated EXACTLY. INK-THIS IS A PERMANENT properly classified. FOR BINDING MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

certificate.

See instructions on back of

TION is very important.

-WRITE

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			
County	Carolina		Registration Dist. No. 6	2
Village or (City Deuten		No	Ward
Length of re-	ridanca in city or town whose		f death occurred in a horpital or institution, give its NAME instead of street as	
	Ø.	e B		- HIV32
2. FULL NA		1.novs	If U.S. Veteran specify WAR	4 v · a · a = + = + = + = + = + = + = + = + = + =
(a) Reside	nce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSON	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 14	, 193 6
5a. If married, wido	wed, or divorced		(month) (Day)	(1661)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attend	
	-	Peb 141936	, 19, to	
	(month, day, end yeer) 7	Devs I If LESS than	I last saw h, 19, to heve occurred on the date stated ebove, atm.	; death is seld
7. AGE TO	2-1-01/2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence	
9 Trade profe	ession, or particular	ormin,	were as follows:	Dats of onsst
NO kind of SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc	man	Stell Bosn	
9. Industry or	business in which		The state of the s	
CAW MI	as done, es SILK MILL, ILL, BANK, etc			
O this occi	sed last worked et upation (month end	11. Total time (yeers) spent in this		
year)	//	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (c		yleg		
(State or cou	untry)	nie,		
13. NAME 14. BIRTHPLAC	Chas- C. 0	your		
4. BIRTHPLAC	E (city or town)	when,	Name of operation Dete o	f
(State o	or country)	Bur.	What test confirmed diegnosis? Wes there	an autopsy?
15. MAIDEN N.	AME Chris	Juldrooke	23. If death wes due to externel causes (VIOLENCE) fill in also the follow	wing:
0 16. BIRTHPLAC	E (city or town)	edyely	Accident, sulcide, or homicide? Date of Injury	, 19
(State o	or country)	· · · · · ·	Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT _ (Address)	less E. 101	Trulus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL	sewed Feb. 15, 19 31	Manner of Injury	
19. UNDERTAKER	A. Wing	il resor	24. Was disease or injury In any wey related to occupetion of deceesed?	1407.5
(Address)	0	1/ Jentos Erio	If so, specify	
20, FILED. 2 -	14,1936 /	m HO 9 cups	(Signed) frameword Length	M. D.
		Registrar.	(Address)	Z

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate MARGIN RESERVED FOR BINDING N. B.-WRITE PLAN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1010/
County Caroline	Registration Dist. No. &
Village or City Redaels mea	NoSt.,War
(1)	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrs,mos
2. FULL NAME Boly Br	own x
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SFNGLE, MARRIFD, WIDOWED, OR DIVORCED (registe the word) 5a. If married, widowed, or divorces	21. DATE OF DEATH lineary (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decaased fro
6. DATE OF BIRTH (month, day, and year) Feb. 6, 1936	I last saw he slive on Feb 6, 1936; death is sa
7. AGE Years Months Deys If LESS than 1 dey, hrs.	to have occurred on the data stated above, at 1.1, 30/4m.
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Breech delivery with
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and	Stillfarth
fD. Date decaesed last worked at this occupation (month and year) f2. BIRTHPLACE (city or town) (State or country)	Dther Coutributory Causes of importance:
13. NAME Lesan & Proses	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town)	Name of operation.
Co Co College	What test confirmed diagnosis? Eastern Was there an autopsy?
15. MAIOEN NAME Holds Brown 16. BIRTHPLACE (city or town) Colsello (Stata or country) Caraline Co. Mid	23. If daath wes due to axternal causas (VIOL ENCE) fill In also the following: Accident, suicida, or homicida?
17. INFORMANT Ailds Brown (Address) Ridgely Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hillshow Med Date Feb. 7, 1936	Manner of injury
19. UNDERTAKER GADDEN BROWN (Address) GLAGELLS MA	24. Was disease or injury In any way releted to occupation of deceased?
2D. FILED Fal L., 1986 Jana Registrar.	(Signed) M. M. (Address) Mulling Mull

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I was a rolled on this earn after belivery. The
The state of the s
manys sais our vary war availy name betweening
way would marcay! mas it are as a recurs of
not very allivered from plly enough.
ystupe the

WITH UNFADING INK-THIS IS A PERMANEN' RECORD. Every item of infor-efully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLA ë

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH15	1
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1. PLACE OF DEATH		Na XI des 2	(44E) ×
County Caroline		******	Registration Dist. No. 6
Village or City Chop tam	Т		NoSt., Ward
Length of residence in city or town where	dooth cooursed	(1	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
		yrs,mo:	syrsmosds.
2. FULL NAME Baisy Ma	e Covey		×
(a) Residence: No.	(Usual place		St., Ward.
PERSONAL AND STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH &
Temale Vice	OR DIVORCEI	(write the word)	Treb 2 193 6
5a. If married, widowed, or divorced		Ted	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Pay Covey			22. HEREBY CERTIFY. That I ettended deceased from
12, 55/63			Jet 2nd 36, 10 4 ch 2nd 19 36
6. DATE OF BIRTH (month, day, and year)	anuary	4, 1910	I last saw her elive on Free 2 and 1936; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at
26	29	l day,hrs.	The Frincipal Cause of Death and raisted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Date of onest
	Hansewif	0	renatal leterene fret
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			11
SAW MILL, BANK, etc	11. Total ti	ma (vare)	Hemorrhage
this occupation (month and year)	spen	tin this	,
		pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Pros	Ma		delayed Placenta
1	mice •		before full term of
13. NAME L. N. 31 ad	es		fregrance
14. BIRTHPLACE (city or town)	urytuna		Name of operation Date of
(State of country)			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elice Le	ora Perr	J	23. If daath was due to external causes (WOLENCE) fill in also tha following:
15. MAIDEN NAME Blice Le			Accident, suicide, or homicide? Data of Injury
≥ (State or country)	ar Land		Whare did injury occur.
17. INFORMANT TO ME AND A STATE OF THE STATE			(Specify city or town, county of (State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- 1	1 17	Manner of Injury
Place Ling Lawren	Date 180.	4	Natura of injury.
19. UNDERTAKER V. I. 101	lis so	17	24. Was disease or injury in any way related to occupation of deceased? 24
(Addrass)	100		If so, spacify
7.1.1 -1 6	Shian By	11-	(Signed) L'Bluarden MD
20. FILED, 19 3 52	Telas 17	Registrar.	(Addrass) Preston mel
Y.C.	1		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
	= 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A R	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
4G	ENT REC	ied. Exac
BINDIA	PERMAN E X A C	ly classifate.
FOR	S IS A stated	proper
RESERVED	NG INK-THIS AGE should be	that it may be properly classifions on back of certificate.
MARGIN RESERVED FOR BINDING	WITH UNFADI	in plain terms, so int. See instruct
	On should be care	CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
. S. No. 1	V. B.—WE	CAL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
() of o	Registration Dist. No. 62
Village or City near Durlen	No. St. V
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos
1 . ()	
Z. FULL NAME	If U.S. Veteran specify WAR.
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH Wrang 17, 193 (Month) (Dey) (Yee
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. IHEREBY CERTIFY. That attended deceased full (6, 1936, to 7 th 17, 196
6. DATE OF BIRTH (month, dey, end year) Fil. 16 1936	I lest sew here elive on 7 16, 1936; death I:
7. AGE Years Months Deys If LESS than 1 dey,min.	to have occurred on the date stated ebove, at 1.1.3m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, CAUVED BOOKKETERS	Date
S riede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Part To
work was done, as SILK MILL, SAW MILL, BANK, etc.	filmaturity-
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant In this occupation coupation coupation coupation coupation spant In this occupation coupation coupation coupation spant In this occupation coupation coupation coupation coupation spant In this occupation coupation co	
12. BIRTHPLACE (city or town) Louton (State or country)	Other Contributory Causes of importance:
1 0	
13. NAME Tulo Crant 14. BIRTHPLACE (city or town) Saginary (State or country)	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis? Wes there en eutopsy?_
15. MAIDEN NAME Mildred Jovers	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Nildred Jovers 16. BIRTHPLACE (city or town) (State or country) M. day	Accident, suicide, or homicide?, 19_
17. INFORMANT Trulo Crane	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dullon, Well Date Fell, 19, 1936	Manner of Injury
19. UNDERTAKER Address) 6 Deedless	24. Wes diseese or injury in any way related to occupation of deceesed?
20. FILED 2-19, 19 36 Day HO Glege Registrar.	(Signed) and motes (Address) Denton md

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaly 5, 1927	Peritonitis	3 days ago
NINE A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY	PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAD V. S. No. 1 H.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(a) X
County Conound	Registration Dist. No. 10 14
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
n. n.	
	× ×
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Female While Mornie de	21. DATE OF DEATH 2 53, 193 6 (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Helman	22. I HEREBY CERTIFY, Thet I attended decessed from 2/18 136 to 22 136
6. DATE OF BIRTH (month, day, end yeer) Salvil 27 1862	I last saw her alive on 2/2 1936: deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
7 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade profession or particular	Date of onset
8. Trade, profession, or particuler kind of work done, es SPINNER, House Wife SAWYER, BDOKKEEPER, etc.	Cerebal Hemonleys 718/3
kind of work done, es SPINNER, /7000 SAWYER, BDOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10: Date deceesed last worked et 7000 11. Totel time (years)	
10: Date decessed last worked et FL 12 11. Totel time (years) spent in this occupation occupation occupation	,
12. BIRTHPLACE (city or town) may land	Dther Contributory Causes of importance:
(State or country)	1/20
# 13. NAME WM allow	
14. BIRTHPLACE (city or town) / May land	Neme of operation Dete of
(State or country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME May Carroll	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Mary Land	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT HEMY DIVIS	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bluvmery, M. d. Date Yel 23, 1938	Nature of injury
19. UNDERTAKER O Walaus	24. Wes disease or injury in eny wey related to occupation of deceased? 200
20. FILED TED: 24", 19 5 5 Fram Stom	(Signed) W. K. Hurte M. D. (Address) Federal M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	7772	
Date of Onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.- of OCCUPA-

	S	TATE O	F MAR	YLAND-	CERTIFICATE	OF DEAT	TH 1514	
1	I. PLACE OF DEAT				(23)	, ,	1011	
	County	Carolin	ne			Registration Di	st. No. 60	
	Village or City G	oldsbor	0		No			Ward
					death occurred in a hospital or instit			do
					us. now long in 0,3,11	of foreign bittin:	yis	us.
- 2	2. FULL NAME	Horace.	H.Denn	lson		X		
	(a) Residence: No		(Usual place	of abode)	St., Ward.	If nonresident gi	ve city or town and State	
	PERSONAL AN	D STATISTIC			MEDICAL C	CERTIFICATE		
3.			5, SINGLE, MARI		21. DATE OF DEATH			
	Male W	hite	OR DIVORCED	(write the word)		Fub.	20 ,193	6
5a.	. If merried, widowed, or divo		DITTE			(Month)	(Day) (Ye	ar)
	HUSBAND of (or) WIFE of				22. 1/A HEREB	1 . 1	. That I attended decease	d from
_				. 000	72	., 1926 ., to	20 ,191	26
_	DATE OF BIRTH (month, day		Aug 17		I lest saw have elive on	7201	19 6 ; deeth	is said
7.	AGE Yeers	Months	Deys	If LESS than I dey,hrs.	to heve occurred on the date ste		Jm.	
	64	5)	ormin.	ware a follows:	ATH and related causes	Date o	Ionset
PATION	8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE 5. Industry or business in	as SPINNER, PER, etc	Merchan	t	Chrome Just	ventous	209	ns
CUP	work was done, es S SAW MILL, BANK, e	etc						
50°	this occupation more year)	nth and 1936	11. Total ti span octu	me (yeers) It in this 1fe pation				
12	BIRTHPLACE (city or town)				Other Contributory Causes of im	portance:		1
	(Stete or country)	Md.			- Ex has	show	100	da
ER	13. NAMEWillian	C. Denn	ison					/
FATHER	14. BIRTHPLACE (city or to	wn)			Neme of operation		Date of	
_	(Stete or country)	Eng	land		What test confirmed diegnosis?_		Was there an eutopsy?	
1ER	15. MAIDEN NAME Jar	e Nelso	n		23. If death wes due to externel co	euses (VIOLENCE) fill I	In elso the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)	Vermon	ŧ	Accident, suicide, or homicide?			
17	(Address)	A.G.Den	nison o. Md.		Specify whether injury occurred		wn, county and Stale) E, or in PUBLIC PLACE.	
18	B. BURIAL, CREMATION, OR F	REMOVAL		23.,19 36	Manner of injury			
19	O UNDERTAKER R.B.F. (Address) Gree	Rawlings	Md.		24. Was disease or injury in eny			
20	. FILED 2/22	1936 a	resn	with	(Signed)	Gulfor	ad mil	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis AD O 3000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 8 6 6 7 V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(46-20)	
County Caroline	Registration Dist. No. 6 +	
Village or City Fiederalaleng	No	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number 1. 1. 2. ds. How long In U.S. if of foreign birth?	et)
2. FULL NAME John XI hOsekenson		
(a) Residence: No. 1/ Illeval bling mel	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE Color col OR DIVORCED (write the word) If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) 193	(Yeer)
HUSBAND of Corp WIFE of Lillie / hollherson	22. Dec 10 1935, to Feb 1	19.3 6
DATE OF BIRTH (month, day, end year) fele 4 1874		ath is sale
AGE Yeers Months Deys If LES then 1 day, hrs.	to have occurred on the dete stated above, at 7:40 P.m.	
64 0 /2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	te of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinna of Rection 7/	1/35
work wes done, as SILK MILL,		
SAW MILL, BANK, etc Dete deceesed last worked et this occupetion (month end) year) 11. Total time (yeers) spent in this occupation year)		
The security occupation	Other Contributory Causes of Importance:	
BIRTHPLACE (city or town) #1. Lalladeleling	Generalized mela states	
13. NAME Charles of AD Scheras		
14. BIRTHPLACE (city or town) Federal Lieng	Neme of operation	
(State or country)	What test confirmed diegnosis? Wes there an eutops	sy? Ac
15. MAIDEN NAME (Mr. Maria) hampea	23. If death was due to externel ceuses (VIOLENCE) fill In else the following:	
16. BIRTHPLACE (city or town) East New Market	Accident, suicide, or homicide? Date of Injury,	, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)	
INFORMANT AMALLA BOLLER AND ALLER AN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
B. BURIAL, CREMATION, OR REMOVAL THE	Menner of injury	
Plece Flderaloling Cam Dete 4 lle 13, 1936	Nature of Injury	
UNDERTAKER James 4 Stewart and	24. Wes disease or injury in any way related to occupation of deceased?	20
o FILED Feb. 15" 1936 5. 5 Fram Storn	(Signed) Mank M. Anglesson	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street eor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(131) × (06
County Caroline		Registration Dist. Np.
Village or City Goldgboro		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	O _{yrs.} mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alice M Elliot	t	
(a) Residence: ND.		St., Ward.
(Usual place of PERSONAL AND STATISTICAL PARTIC		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI		21. DATE OF DEATH
	(write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Walter Elliott		22. I HEREBY CERTIFY, That I attended deceased from 13 1936 to 716: 3 1936
6. DATE OF BIRTH (month, day, and year) Jan. 2. 185	6	I last saw her alive on Teld 3 193 6 death is said
7. AGE Years Months Oays	If LESS than	to have occurred on the date stated above, at. 1/- A-m.
80 1 1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housew		house hipcardus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (mankle and one).		To Clerous / neffulo
	in thi Life ation	
12. BIRTHPLACE (city or town) Md •		Other Coutributory Causes of importance:
置 13. NAME Kinnamon		
H 13. NAME Kinnamon 14. BIRTHPLACE (city or town). Md.		Name of operation
置 15. MAIDEN NAME Unknown	with promise	23. If death was due to external gauses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Unknown		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Carroll Elliott (Address) Goldsboro. Mo	1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Greensboro.Md. Oate Feb.	. 5 ,19 36	Manner of injury
19. UNOERTAKER R. G. Rawler gra (Addiess)		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4 4 / 3 /29 al Inc	Registrar.	(Signed) hable Altouregory M. O. (Address) Pleaston of
If more blanks are needed, ad		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1510

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAP 3 1929	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state item of inforof OCCUPA. Y, WITH UNFADING INK-THIS IS A PERMANENT RECOKD, Every Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1517
1. PLACE OF DEATH	(162) X
County	Registration Dist. No. 6
Village or City Trees to	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Welen Augusta Le	the .
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH F. // 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Every Lables.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1836	i last saw h exalive on 19 6 death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2.200 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in the house of the work was done, as SILK MILL	
Industry or business in which work was done, as SILK MILL,	fluility. Zenable to be more
SAW MILL, BANK, etc	definite a in this Teaser no frutter in-
o this occupation (month and year) - ty Cau 1 - 1 - 2 - 3	farmption Revision
I2. BIRTHPLACE (city or town) (State or countur)	Other Contributory Causen of Importance:
E	
[14. BIRTHPLACE (city or to visit)	Name of operation Data of What tast confirmed diagnosis? Lucess Was there an europsy? W
I 15. MAIDEN NAME Whode	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME OF The de 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT amps them the !	Specify whether injury occurred in INDÚSTRÝ, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Turbus Cerulay Oate that 16 19 36	Manner of injury
19. UNOERTAKER R-B-Rauylungi. (Address) Lieus for Wind.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20 FILED Fel 15 , 036 L. Man Pyper	(Signed) heart former M.D. (Address) heart former f
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows. Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis TINEAU V. D.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			3573

ADDITIONAL SPACE FOR FU	THER STATEMENTS BY PHYS	ICIAN
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RESERVED

MARGIN

(Yaar)

Data of onset

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 5 1930	July 5,1927	Peritonitis	3 days ago	
BURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3) X
County Caroline	Registration Dist. No. 66
Village or City Trear (Singeles	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. If of foralgn blrth?yrs,mos,ds
2. FULL NAME Celara & Turner	If U.S. Veteran specify WAR
(a) Residence: No. Bidgeley t	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Servel 4. COLOR OR RACE OR DIVORCED (write the word) Liverseil	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced WU8BAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended daceased from
(OT) WIFE OT The farmery.	here 15 1930 to Feb 15 1936
6. DATE OF BIRTH (month, day, and year)	3 Vast saw h & V alive on Jelle 10 1936; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4/£. Qm.
42 4 29 1 day,hrs.	THE FRINCIPAL CAOSE OF DEATH and related causes of timportance
O Teado austancian de cartigular	were es follows: Date of ones
s. Irade, profession, or particular, which of work done, as SPINNER, which is sawyer, BOOKKEEPER, etc	Cordio Masculor Rena dispose 3 Ups
at 1 9. Andustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and 4.2.5 spent in this occupation coupation coupation	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	F
13. NAME Herry Certification 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Cluster full Was there an autopsy?
15. MAIDEN NAME Mand Williams	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
E (State or country) Turkey Carried	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Muse Jarries Levels (Address)	Afy whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place David Date 77 \$ 0 10, 19 31	Nature of Injury
19. UNDERTAKER 9, Vinzil Marie	24. Was disease or injury In any way related to occupation of deceased?
HAIN	(Signed) Atafecs 1 M.
20. FILED. July 1, 19 3 6 Registrar.	(Address) Redjely med
	r, 2411 N. Charles Street, Baliimore, Requesting V. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS IS A

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY

N. B.

stated EXACTLY. PHYSICIANS should state

Every item of infor-

Exact statement of OCCUPA-

properly classified.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
			•	

ż

1. PLACE OF DEATH					(<u>3</u>)	
County Caroline					Registration Dist. No.	63
Village or City Smithson (If c Length of residence in city or town where death occurred yrs, mos.					death occurred in a hospital or institution, give its NAME instead of stre	
2	. FULL NAME	Not nam	ed - Hol	land	×	
	(a) Residence: No.	. Mear De	(Usual place of	of abode)	Preston Ward. If nonresident give city or to	wn and State
	PERSONAL AN	ND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	TH
	Female Co	or or race	5. SINGLE, MARK OR DIVORCED Sing	(write the word)	21. DATE OF DEATH Feb. 16, (Month) (Day)	936 _{193 (Year)}
5a.	If merried, widowed, or div HUSBAND of (or) WIFE of	orced			22. i HEREBY CERTIFY, That I at	
	DATE OF BIRTH (month, da AGE Years	Months	Feb. 1	6, 1936 If LESS than 1 day hrs. or min.	I last sew h alive on, I to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	ce
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE! Gendustry or business i work was done, as SAW MILL, BANK, I O: Date deceesed last wo this occupation (mo	, ms SPINNER, EPER, etc n which SILK MILL, etc orked at onth and	None None 11. Total tit span	me (years) t in this pation	Other Contributory Causes of Importance:	
_	BIRTHPLACE (city or town (State or country)		Md.		Citic Catalogy Case of Importance.	
HER	13. NAME Er	nest Hol	land			
FATHER	14. BIRTHPLACE (city or t (State or country)		Md.		Name of operation De What test confirmed diagnosis? Was th	
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or t (State or country)		tha Haym Easton		23. If death was due to external causes (VIOLENCE) fill in also the faccident, suicide, or homicide? Date of injury. Where did injury occur?	, 19
17. INFORMANT Ernest Holland (Address) R. F. D. Preston, N.				reston, M	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Smithson Dete Feb. 16,1936				. 16,19 36	Manner of injury	
19.	UNDERTAKER PT. (Address)	R.F.D.	reston,		24. Wes disease or injury in any way releted to occupation of decease	sed?
20.	FILED Feb.16	1936 Ch	as. B. H	Registrar.	(Signed) Preston, Md Loca	A Registr

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11.—The number of years the deceased followed the occupation.

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Example I	+	Example II	
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Chronic interstitial nephritis	1921	Run over by street car 'S 'A A A	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		9861 A GAM	
contributory causes of importance:		Other contributory causes of Importance:	
Gall-tones	May 1,1923	Gastroenteritis	1 year

The state of the s		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3) ×
County Caroline	Registration Dist. No. 62
Village or City Mest Deellow	NoNo
a . 0 0 2 1-1.0.	os,ds. How long in U.S. if of foreign blrth?yrsmosd
2. FULL NAME/(actiel ffulchie	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divprced	22. HEREBY/CERTIFY, Thet attended deceased 490
(or) WIFE of Samuel Hulchens	Saw I 1936 to I W. 19
6. DATE OF BIRTH (month, day, end year) Lease 30., 186	I last saw hall alive on lot 2-4 ,1936, death is sa
7. AGE Years Months Days If LESS than	to heve occurred on the date steted ebove, etm.
75 11 2 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Shonches - Mumong 2-18.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Chance Mebhritis 193
10. Date deceased last worked et this occupation (month end year) beautin this	
12. BIRTHPLACE (city or town) Lease Decelor	Other Contributory Canses of importance:
(State or country)	
13. NAME Deorge Shefford	
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopy of the confirmed diagnosis?
15. MAIDEN NAME / Vester	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Chunic Hay lor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) H'-Cuture 18. BURIAL CHEMATION, OR REMOVAL	Manner of injury
Platering from Det Feb 26, 193	Nature of injury
1 0/2/2010 7	24. Was disease or injury in any wey related to occupation of deceased.
19, UNDERYAKER (Address)	If so, specify
20. FILED 2 - 25 1934 Ma Al Juye	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE

N. B.

SCORD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

WITH UNFADING INK-THIS IS A PERMANENT RE

AGE should be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

of OCCUPA-

Exact statement

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Example I		Example II	
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Chronic interstitial nephritis AR 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Caroline	Registration Dist. No.
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?ds
2. FULL NAME James E. Johnson	^
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Feb 7 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Elinore Johnson	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 3.1880	I last saw h alive on Deed. Dr. argues to death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Laboror SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation muth and year) 12. BIRTHPLACE (city or town) (Stata or country) Md.	ther informations Decrosed was Lead, syou physicians arrival a Central Deter Contributory Causes of importance:
# 13. NAME James E. Johnson	
14. BIRTHPLACE (city or town) Md.	Nama of operation Date of Was there an autopsy?
15. MAIDEN NAME Adline Wolford	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Adline Wolford 16. BIRTHPLACE (city or town) (Stata or country) Md. 17. INFORMANT Clarence Johnson	Accident, suicide, or homicide?
(Address) Goldsboro, Md.	
Placa Union Cemetery Date Feb. 11.19 36	Manner of injury
19. UNDERTAKER AND AMELINAS (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Feb 10, 1936 althur. Registrar.	(Signed) Mark Markey M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis MAR 3 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3 9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

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Exa	imple I		Example II	
The principal cause of death and related causes Dete of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	4 103	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR = =	192	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU Y	Jaly 5, 1927	Peritonitis	3 days ago
	BUK		(19)	
Other contributory causes o	f importance:	4	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The man had been examined on Officers organise fored fully on the Gauss of delite are tiken free bored by the free to many was dead left my my

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Octobrat nemorrhage NIAN	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should

Date of onset

Nama of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?______ Data of Injury______ 19-

Where did injury occur? (Specify city or town, county and State)
Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Mannar of injury

Nature of Injury 24. Was disaasa or injury in any way ralated to occupation of decaased?__

If so, specify

Dorchester Co.

Katura A. Smith

Jos. Walter Noble

Federal sburg.

19 UNDERTAKER J. T. Framptom & Son.

Place Federalsburg, Md Data Feb. 20" 1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

important. -WRITE

FATHER

MOTHER

13. NAME

15. MAIDEN NAME

(Address)

14. BIRTHPLACE (city or town) (State or country)

(Stata or country)

8. BURIAL, CREMATION, OR REMOVAL

16. BIRTHPLACE (city or town)

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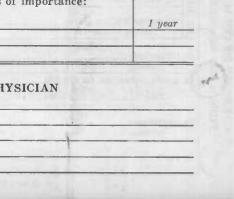
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Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	15		



1. PLACE OF DEATH County Caraling	Registration Dist. No. 62
Village or City WESL Newlass	NoSt.,Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Some	Living Specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word cycarried)	
HUSBAND of (er) WIFE ON Suavie Sweith	22. THEREBY CERTIFY That I ettended deceased from
DATE OF BIRTH (month, day, end year)	62 Tlest saw h elive on Ful 16 , 1986; death is sele
. AGE Yeers Months Days If LESS the	n to heve occurred on the dete steted above, et
74 70 Z 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, War Lahar SAWYER, BOOKKEEPER, etc.	aute Coronary Thrombores 7.16.14
O-Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Coronary ating Pelernis
2. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of Importance: Partial intertunal or Structure due to bringing of Fell 934
13. NAME / Savid Selette	sar which had not been reduced
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of
A die	What test confirmed diagnosis? Wes there en eulopsy?
16. BIRTHPLACE (city or town) Justin Hopen Co	23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT USTS Maniel Swith (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OPEREMOVAL Piece Lulin Quel Deter Febr. 19,19	3.6 Menner of injury
0 7/7/11	24. Was disease or injury in any way releted to occupe in of deceased? W
19. UNDERTAKER (Address)	if so, specify
10 36 Naugus	(Signed)

V. S. No. 1

-WRITE PL mation show CAUSE OF

N. B.-

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

'H in plain terms, so that it may be

arefully supplied.

WITH UNFADING INK-THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING,

Exact statement of OCCUPA-

Every item of infor-

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Chronic interstitial nephritis MAR 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOVED. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANENT RECO.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1527
1. PLACE OF DEATH	
County Caroline	Registration Dist. No.
Village or City Goldsboro.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME S. Jane Sylvester	*
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wagie the word) WIDOWED.	21. DATE OF DEATH Feb. 6. 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Sylvester	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 1.1858	I last saw her alive on Tet 5 , death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 . 30 m.
77 10 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWORK	
9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	Jeweled Jacalejous'
10. Oate deceased last worked at this occupation (month and year) ——Dec ——1 1933 — occupation Life	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Illonoise	(Through Restriction
置 13. NAME Ludwig Wyatt	9 keysellersites
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Luce Was there an autopsy? It
15. MAIDEN NAME Sarah Moeris.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Moeris. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19 Where did injury occur?
17. INFORMANT John Sylvester. (Address) Goldsboro. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Greensboro. Md. Date Feb. 9. 1936	Manner of Injury
19. UNDERTAKER R. B. Rawlings (Addless) Trees trus Ind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 21 7 , 1836 a C Smith	(Signed) M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address) Filler 1 (No. 1)

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year